

Appendix 4

Expanded Methods

Methods:

Management of CKD was divided into topic areas, with each topic assigned to nephrologists and content experts within the field. Each work group was asked to undertake a systematic review of the English-language literature to identify relevant evidence. Specific topic areas such as hypertension also used a literature search for clinical trials and systematic reviews performed by a librarian employed by the Canadian Hypertension Education Program. All workgroup members supplemented their search by use of prior guideline publications, including the Kidney Disease Outcomes Quality Initiative (KDOQI) Workgroups,¹ as well as review of bibliographies of published literature and their content expertise to identify new evidence.

The work group co-chairs facilitated the guideline development, oversaw the evidence rating for each guideline and ensured it was consistent with current Canadian practice guidelines. Each recommendation was graded using the scheme developed by the Canadian Hypertension Education Program² and used by the Canadian Society of Nephrology Guidelines Committee in the past (Figures 1–4).³ The criteria for grading of these recommendations are assessed in three domains: internal validity, precision, and applicability (external validity). As utilized by other guidelines, the range of grades extends from those reflecting highly valid, precise, and applicable studies (Grade A) to those based on lower-level evidence and expert opinion (Grade D). Of note, these grades reflect the strength of the evidence supporting a recommendation, which may not be consistent with the clinical importance of the recommendation. Draft guidelines were reviewed by a number of individuals/groups (Canadian Society of Nephrology members; content experts; other guideline groups including those from the Canadian Diabetes Association, the Canadian Hypertension Education Program and the Canadian Cardiovascular Society). Relevant associations also reviewed the draft guidelines (Kidney Foundation of Canada, Canadian Association of Nephrology Nurses, College of Family Physicians of Canada, Canadian Pharmacists Association, and Dietitians of Canada).

The process began in May 2006 with the selection of work group members and topic assignment. First drafts were completed in March 2007. They were circulated first for internal review in April 2007 and subsequently to Canadian Society of Nephrology members for public review as well as to external designates. The statements were ratified in June 2007, and the guidelines were submitted in February 2008.

Conflicts of interest: All conflict of interest statements are listed at the end of this document and posted on the website in their entirety. Given that funding for guideline development was accrued to the Canadian Society of Nephrology in a non-targeted manner (i.e., for support of guideline development generically stated) and that the

contributions of the industry and other contributors were not known to the work group chairs or members, these guidelines are relatively free from conflict.

References

1. K/DOQI clinical practice guidelines for chronic kidney disease: evaluation, classification, and stratification. *Am J Kidney Dis* 2002;39(2 Suppl 1):S1-266.
2. Zarnke KB, Campbell NR, McAlister FA, Levine M. A novel process for updating recommendations for managing hypertension: rationale and methods. *Can J Cardiol* 2000;16(9):1094-102.
3. Culeton BF. Introduction to the Canadian clinical practice guidelines. *J Am Soc Nephrol* 2006;17(3 Suppl 1):S1-3.